

AUG 26 2009

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Via Fax : 1-571-273-8300 (1 page)	Application Number	10/586,391
	Filing Date	July 17, 2006
	First Named Inventor	Thomas LASSALLE
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	1369-B01.US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint

☐ Practitioners at Customer Number _____



Place Customer Number Bar
Code Label Here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Franz BONSANG	56638

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Franz BONSANG				
Address	C/o EQUINOX PROTECTION				
Address	410 - 1500, Du College				
City	St-Laurent	State	Quebec	ZIP	H4L 5G6
Country	Canada				
Telephone	1-514-739-6770	Fax	1-514-733-4424		

I am the:

☒ Applicant

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Thomas LASSALLE
Signature	
Title and Company	TL Invention & US Group Inc
Date	26 April 2009

Note: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.

☐ *Total of 1 forms are submitted.